

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
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9	8					
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48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	215					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
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TOTAL CLAIMS												